

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) HCP () IE () IC	Response Timely Filed? (x) Yes () No
Requestor's Name and Address John A. Sazy, M.D. 431 Omega Dr., Ste. 104 Arlington, TX 76014	MDR Tracking No.: M4-04-2849-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address Texas Mutual Insurance Co. 221 W. 6 th St., Ste. 300 Austin, TX 78701 Box 54	Date of Injury:
	Employer's Name: Bennett Building Systems, Inc.
	Insurance Carrier's No.: 99C000031384

PART II: SUMMARY OF DISPUTE AND FINDINGS (Details on Page 2, if needed)

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
06/09/03	06/09/03	99214 & 99080-73	\$86.00	\$0.00

PART III: REQUESTOR'S POSITION SUMMARY

Position Summary was not submitted; however, the Requestor's rationale on the Table of Disputed Services states, "IC has denied payment stating that documentation does not support level of service billed. We contend that the documentation does support level billed. We demand payment with all interest accrued."

PART IV: RESPONDENT'S POSITION SUMMARY

Position Summary states in part, "The requester did not document a detailed history... The physical examination appears to cover the required bullets but provides little to no information as to the patient's progress. For instance, comparison of the patient's physical findings to the physical findings before the surgery are UNCHANGED... The requester's medical decision making was NOT OF MODERATE COMPLEXITY. The requester planned to continue medication, and wrote an order for spine x-rays and physical therapy. It seems inconceivable that this would be moderately complex decision making for an experienced orthopedic surgeon... Review of the office visit notes does not reveal a detailed history..., or medical decision making of moderate complexity... This dispute involves the requester's failure to support that the reimbursement is due for a TWCC 73 that was completed in excess of the filing requirements per TWCC Rule 129.5..."

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

- CPT Code 99214 for date of service 06/09/03 denied as "N". Per the 1996 Medical Fee Guideline, Evaluation & Management Ground Rule (IV)(C)(2) and the CPT Descriptor the SOAP note does not support the level of service billed. Reimbursement is not recommended.
- CPT Code 99080-73 for date of service 06/09/03 denied as "F, TD – The work status report (TWCC73) was not properly completed or was submitted in excess of the filing requirements..." Per Rule 129.5(a)(2) and (3) the insurance carrier submitted convincing evidence there has been no "substantial change in activity restrictions" or "work status". Reimbursement is not recommended.

PART VII: COMMISSION DECISION AND ORDER

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is not entitled to reimbursement.

Ordered by:

Marguerite Foster

02/22/05

Authorized Signature

Typed Name

Date of Order

PART VIII: YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the Decision and has a right to request a hearing. A request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk within 20 (twenty) days of your receipt of this decision (28 Texas Administrative Code § 148.3). This Decision was mailed to the health care provider and placed in the Austin Representatives box on _____. This Decision is deemed received by you five days after it was mailed and the first working day after the date the Decision was placed in the Austin Representative's box (28 Texas Administrative Code § 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, P.O. Box 17787, Austin, Texas, 78744 or faxed to (512) 804-4011. A copy of this Decision should be attached to the request.

The party appealing the Division's Decision shall deliver a copy of their written request for a hearing to the opposing party involved in the dispute.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

PART IX: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Decision and Order in the Austin Representative's box.

Signature of Insurance Carrier: _____ Date: _____